

2006 ANNUAL REPORT OFFICE OF STATE MEDICAL EXAMINERS DEPARTMENT OF HEALTH STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

INTRODUCTION

The Office of State medical Examiners (OSME) investigated over one-half of the nearly 10,000 deaths that occurred in Rhode Island in 2006. Investigation by OSME ranges from telephone consultation regarding jurisdictional questions to full postmortem autopsy examination with additional laboratory testing. In 2006, just under 700 autopsy examinations were conducted.

The year 2006 was a transitional year for OSME. With the appointment of a new Chief Medical Examiner in May, energy was focused on identifying where operations could be improved. In the face of a challenging budget climate statewide, OSME continued to move toward agency accreditation by the National Association of Medical Examiners (NAME). This is anticipated to be a long-term undertaking with expected improvements in both personnel and physical plant. Priorities for 2007 include completion of revised policy and procedure manuals and the hiring of a Deputy Chief Medical Examiner.

An ongoing area of concern within OSME (and related to NAME accreditation) is the substantial backlog of cases which have accumulated over the last several years. On consultation with NAME, closure guidelines were developed for cases investigated prior to 2005 (fully achieved) and a requirement was introduced for full closure of 2005 cases (fully achieved). The complete closure of 2005 cases (within almost one year of performance) represents a significant achievement for OSME as this had not occurred in the previous decade. There is still substantial room for improvement in this area. The projected implementation of a web-based office computer system in 2007 is expected to facilitate more efficient case management and, ultimately, improve service to the public.

Elsewhere in this report other changes occurring in 2006 are described. These represent, in sum, an ongoing evolution at OSME toward a medical examiner office more fully integrated into the investigative, legal, public health, educational and medical communities of Rhode Island.

Thomas Gilson, MD
Chief Medical Examiner

BACKGROUND

The Office of State Medical Examiners (OSME) is a program within the Rhode Island Department of health with a mission to investigate sudden, unexplained or unnatural deaths; to facilitate organ donation; to provide courtroom testimony and to promote and protect public health by surveillance of trends in deaths across Rhode Island. Although the staff at OSME is relatively small, personnel work in conjunction with many agencies, organizations and individuals in this course of this mission.

OSME currently is directed by a Chief Medical Examiner (see attached Organizational Chart). The remaining medical staff is comprised of a Deputy Chief Medical Examiner (position vacant since May 2005) and two Assistant Medical Examiners. A Medicolegal Administrator (under the Chief Medical Examiner) oversees the non-physician staff which includes:

- 1) Senior Scene Investigator and four (4) additional Scene Investigators
- 2) Budget/Purchasing Officer
- 3) Two (2) Executive Assistants (coordinate case information)
- 4) Two (2) clerk stenographers
- 5) Three (3) medical examiner agents (provide transportation of bodies and assist at autopsy examinations)

In fiscal year (FY) 2006, OSME had an enacted budget of \$1,875,541.00, which represented a slight decrease from FY 2005. The majority of allocated funds go toward salaries and benefits for the employees. Medical supplies and services are the next most common major expenses.

DEATH INVESTIGATIONS

In 2006 there were 9888 deaths statewide and OSME received notification of 5129 of them (52%). Jurisdiction was accepted in 3250 cases, of which 2205 involved review and approval of requests for cremation. Cases referred to OSME where jurisdiction is declined are reviewed by an OSME staff physician. An OSME physician review is also required on all requests for cremation in the state. Where an improper death certificate is submitted (approximately 10-20% of cases) in a cremation request, a follow-up investigation is conducted by OSME prior to approval.

OSME accepted jurisdiction in 835 cases that required autopsy or external inspection (697 autopsy, 138 inspection). All postmortem examinations (autopsies and inspections) were performed at OSME Orms St. facility. No OSME autopsy cases were referred to an outside hospital. Toxicology was performed on 776 of these cases (with approximately 5% requiring additional analysis at a reference laboratory). In 61 cases inspection cases, skeletal remains determined to be of non-human origin were evaluated.

Of the human cases, 251 died of natural causes, 273 died of accidents, 92 were suicide deaths and 40 were homicide victims. The cause of death could not be determined in 45 cases (of which 27 involved lethal amounts of illicit drug/medication where the manner of death was left undetermined in accordance with a certification practice in effect in the first four months of the year- see “HIGHLIGHTS AND CHANGES”). At the time of this writing, final certification is pending for 73 cases.

Of the homicide cases, 3 involved legal intervention by law enforcement and one involved death certification amendment based on a repeat autopsy performed on an individual who died in 1964. The latter case represented the only exhumation case examined at OSME.

Jurisdiction was accepted “in absentia” by OSME in 228 cases. These deaths fall under OSME jurisdiction but do not require a postmortem examination. They are certified on the basis of review of information contained in medical records, police reports, witness interviews, etc. Of these cases, manner of death determinations at the time of this report were as follows: natural, 74; accident, 149; suicide, 24; undetermined, 1; pending, 2.

Jurisdiction was accepted by OSME in 39 cases after filing of an improper death certificate (“after fact”). These death certificates are forwarded to OSME by the Vital Records section of the Department of Health for review and follow-up. These cases generally come to light after the passage of some time and cannot be investigated by postmortem examination. As a result, record reviews are again conducted and OSME issues a death certificate. No such cases required exhumation for certification. Of the after-fact cases, manner of death determinations were as follows: natural, 14; accident, 23; suicide, 1; undetermined/drugs, 1.

UNIDENTIFIED AND UNCLAIMED BODIES

No individuals for whom OSME accepted jurisdiction in 2006 remain unidentified. One unidentified individual consisting of partially skeletonized remains recovered in 1999 underwent public burial from OSME after appropriate specimens (for possible future comparison for identification) were collected. All previous attempts at identification were reviewed and found to be negative.

Five (5) individuals were referred to public burial after examination at OSME. In these cases the individuals were identified but had no next-of-kin for burial arrangements. Prior to public burial, newspaper advertisements are published to solicit next-of-kin. (Where individuals arrive at OSME already identified, greater than 95% are released within 2 days).

OSME also functions as the public morgue for storage of individuals whose burial is delayed for a variety of reasons. In 2006 there were 4 such cases (where individuals not

originally under OSME jurisdiction were accepted), all of which have since been claimed. OSME also forged an agreement with Department of Humans Services regarding storage of individuals awaiting public burial.

ORGAN AND TISSUE DONATION

OSME is committed to the facilitation of organ and tissue donation. The office has sought through to 2006 to improve relations with New England Organ Bank (NEOB), the regional organ procurement organization (OPO). Procurement procedures were performed on 65 decedents under OSME jurisdiction. This resulted in the recovery by NEOB of 309 anatomic gifts for transplantation and aided an estimated 1537 individuals.

Tissue transplantation was also improved as OSME reduced the autopsy report turnaround time for cases required by NEOB by over 50% (from 357 days to 173 days).

TRANSPORTATION

Transportation of bodies to OSME is done by OSME staff when available or by livery service (Ocean State Transport). No bodies were transported from outside jurisdictions. In 2006, 840 individuals were transported to OSME for autopsy, inspection and/or storage. Of these cases, 425 were conveyed by livery service. Policy changes, particularly regarding transportation of bodies from hospitals, resulted in substantial decreases in OSME reliance on outside livery support. Staffing issues developed at the end of 2006 that may limit the applicability of this trend to the upcoming year.

SCENE VISITS

Medical staff responded to death scenes on 21 occasions. These involved cases of homicide, suspicious deaths and recovery of skeletal remains (including the discovery of an abandoned cemetery in Cranston). Prior to implementing this policy in May, a memorandum was circulated to the state and local police forces to inform of the change. The presence of the forensic pathologist at these death/recovery scenes has been very positively received.

HIGHLIGHTS AND CHANGES

Prior to May 2006, most overdose/intoxication deaths were certified with a manner of death of "undetermined/drugs". This long-standing practice is believed to have developed several years ago in the Office of Chief Medical Examiner of the City of New York and has been largely abandoned in most jurisdictions throughout the United States (including

New York City). In May 2006, it was decided to abandon this practice in Rhode Island as well. Each of these cases is now considered on an individual basis and most are now certified as accidents or suicides.

Scene visits by the medical staff were started in May 2006 for death scenes involving homicides, infant death with body still at scene, multiple fatalities with more than 5 deaths and at the request of an investigating agency. See “Scene Visits”.

Throughout the spring and summer, OSME worked with several agencies in the identification of three University of Rhode Island students, who were drowned in Narragansett Bay after taking a small craft out at night.

The OSME conducted an investigation in June into the death of Louis DeFusco, whose death was ruled a suicide in 1964. At the request of his family, his body was re-examined following exhumation and found to show evidence of homicide.

In July, OSME was pivotal in identifying an outbreak of fentanyl-associated deaths. Fentanyl, a potent narcotic, has previously been identified in sporadic outbreaks nationwide. Acting in association with local law enforcement, OSME brought the epidemic to public attention. Police identified a distribution source rapidly and the impact was quickly eliminated.

All autopsy and inspection reports for 2005 were completed near the end of 2006. This is the first time a calendar year has been completed in over a decade. This completion was required by the National Association of Medical Examiners (NAME) after their review of the OSME backlog. Autopsy and inspection cases performed prior to 2005 were required by NAME to be closed provisionally (with draft report and all support testing completed). This has also been completed based on “spot-check” reviews. However, with staff changes occurring over the last few years precluding total verification, OSME will continue to monitor status (via reviews of records being transported for archiving as well requests for older records) for 100% compliance.

Certification of deaths in motor vehicle crashes underwent modification in June 2006. Previously the presence of alcohol was included as a contributory cause of death on the death certificate of a driver in a crash. As this practice does not represent scientifically sound reasoning, it was discontinued and the information regarding alcohol (and other intoxicants) is captured by the Center for Epidemiology for public health purposes.

Thomas Gilson, MD assumed duties as chief medical examiner in May 2006.

Prescott “Scottie” Mowry retired in December 2006 after 33 years of service to the medical examiners office

PARTNERSHIPS

Rhode Island Violent Death Reporting System (RIVDRS)

Rhode Island is one of 17 states participating in the National Violent Death Reporting System (NVDRS) under the oversight of the Centers for Disease Control and Prevention (CDC). The OSME and the Health Department's Center for Health Data and Analysis are directing this effort. Detailed information on homicides, suicides, deaths of undetermined manner, and unintentional firearms deaths is collected from OSME, police, hospital, death certificate, and RI National Incident Based Reporting System (NIBRS) data. Data are entered into specialized software provided by CDC and de-identified data are transmitted routinely to the national database. During the 2006 calendar year the annual report on 2004 deaths, the first year for which RI data are available, was completed.

Rhode Island Child Death Review Team

In Rhode Island, all deaths of persons under 18 years of age regardless of cause must be reported to the OSME [Gen laws 4-7(2e)]. The Rhode Island Child Death Review Team (RICDRT) is a multidisciplinary team of professionals who conducts in-depth, confidential reviews of childhood deaths to identify risk factors and trends, and to inform prevention efforts. The RICDRT review is not a peer review of agencies, organizations or medical practice but an examination of systems issues and potential preventability of deaths at the individual and community level. The RICDRT is comprised of professionals in the state with expertise in injury prevention, child maltreatment, child development, maternal and child health, law enforcement, criminal justice, epidemiology, public health, and public policy. The ultimate goal of the RICDRT is to reduce the number of child deaths, and to improve the safety and well-being of all children in the state. During 2006 the RICDRT completed review of all 2004 child deaths associated with non-natural causes and Sudden Infant Death Syndrome.